## Case 17-16741-mdc Doc 23 Filed 03/30/18 Entered 03/30/18 15:07:04 Desc Main Page 1 of 2 Document

Do	otor 1 Daniel R. To	NEED C			
De	Daniei R. 10	irres		-	
	utor 2			-	
Uni	ed States Bankruptcy Court for the	EASTERN DISTRICT	OF PENNSYLVANIA	_	
Ca	e number 17-16741			Check if this is	:
(If kı	own)		-	■ An amende	ed filing
					ent showing postpetition chapter as of the following date:
<u>O</u>	ficial Form 106I			MM / DD/ `	YYYY
S	chedule I: Your Inc	ome			12/1
	Describe Employment  Fill in your employment				
<b>Pa</b> 1.	Describe Employment Fill in your employment information.		Debtor 1		2 or non-filing spouse
	Fill in your employment information.  If you have more than one job,	Employment status	Debtor 1  ■ Employed	<b>Debtor</b> □ Empl	
	Fill in your employment information.  If you have more than one job, attach a separate page with information about additional	Employment status	_	□ Empl	
	Fill in your employment information.  If you have more than one job, attach a separate page with	Employment status Occupation	■ Employed	□ Empl	oyed
	Fill in your employment information.  If you have more than one job, attach a separate page with information about additional		■ Employed □ Not employed	□ Empl	oyed
	Fill in your employment information.  If you have more than one job, attach a separate page with information about additional employers.  Include part-time, seasonal, or	Occupation	■ Employed □ Not employed Carrier	□ Empl	oyed
	Fill in your employment information.  If you have more than one job, attach a separate page with information about additional employers.  Include part-time, seasonal, or self-employed work.  Occupation may include student	Occupation Employer's name	■ Employed □ Not employed  Carrier  USPS	□ Empl	oyed
1.	Fill in your employment information.  If you have more than one job, attach a separate page with information about additional employers.  Include part-time, seasonal, or self-employed work.  Occupation may include student or homemaker, if it applies.	Occupation Employer's name Employer's address How long employed t	■ Employed □ Not employed  Carrier  USPS	□ Empl	oyed
1.	Fill in your employment information.  If you have more than one job, attach a separate page with information about additional employers.  Include part-time, seasonal, or self-employed work.  Occupation may include student	Occupation Employer's name Employer's address How long employed to	■ Employed □ Not employed Carrier USPS	□ Empl ■ Not € Unemp	employed  ployed
Par Esti	Fill in your employment information.  If you have more than one job, attach a separate page with information about additional employers.  Include part-time, seasonal, or self-employed work.  Occupation may include student or homemaker, if it applies.	Occupation Employer's name Employer's address How long employed to the state you file this form. If the sore than one employer, co	■ Employed □ Not employed Carrier USPS  there?  you have nothing to report for an	□ Empl ■ Not e Unemp	employed  ployed  espace. Include your non-filing

**List monthly gross wages, salary, and commissions** (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

Estimate and list monthly overtime pay.

Calculate gross Income. Add line 2 + line 3.

			non-fili	ng spouse
2.	\$_	6,160.45	\$	0.00
3.	+\$_	0.00	+\$	0.00
4.	\$_	6,160.45	\$	0.00

Official Form 106I Schedule I: Your Income page 1

Deb	tor 1	Daniel R. Torres		_		Case number (if known)	1	7-16741		
	Сор	y line 4 here		4.		For Debtor 1 \$6,160.45		For Debtor		
5.	List	all payroll deductions:								
	5a. 5b. 5c. 5d. 5e. 5f. 5g. 5h.	Tax, Medicare, and Social Secur Mandatory contributions for retir Voluntary contributions for retire Required repayments of retirement Insurance Domestic support obligations Union dues Other deductions. Specify:	rement plans ement plans	56 50 50 56 56 51	o. c. d. e.	\$ 2,507.44 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00	- !		0.00 0.00 0.00 0.00 0.00 0.00 0.00	- - - -
6.	Add	I the payroll deductions. Add lines	5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$ 2,507.44	. ;	\$	0.00	-
7.	Cald	culate total monthly take-home pay	Subtract line 6 from line 4.	7.		\$ 3,653.01	- ;	\$	0.00	_
8.	8b. 8c. 8d. 8e. 8f. 8g. 8h.	regularly receive Include alimony, spousal support, of settlement, and property settlement Unemployment compensation Social Security Other government assistance the Include cash assistance and the variance	and from operating a business, ty and business showing gross usiness expenses, and the total  ou, a non-filing spouse, or a dependent child support, maintenance, divorce t.  at you regularly receive fillue (if known) of any non-cash assistance typs (benefits under the Supplemental busing subsidies.  Anticipated pro-rated tax refund	86 86 86 — 8f — 8g	o. d. e.	\$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 566.00	-		0.00 0.00 0.00 0.00 0.00 0.00	-
9.	Add	l all other income. Add lines 8a+8b-	-8c+8d+8e+8f+8g+8h.	9.	. [	\$ 566.00	] [:	\$	0.00	0
10.		culate monthly income. Add line 7 - the entries in line 10 for Debtor 1 and		10.	\$_	4,219.01 + \$		0.00	= \$	4,219.01
11.	<ol> <li>State all other regular contributions to the expenses that you list in Schedule J.         Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.         Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.         Specify:</li></ol>									
12.		e that amount on the Summary of Sc.	ine 10 to the amount in line 11. The res thedules and Statistical Summary of Certa						\$Combin	4,219.01 ned
13.	Do y ■	you expect an increase or decrease No. Yes. Explain:	e within the year after you file this form	ı?						y income